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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

TITLE OF INVENTION: CDNA ENCODING A GENE BOG (B5T OVER-EXPRESSED GENE) AND ITS PROTEIN PRODUCT

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate, All further correspondence including the Patert, advance orders and notification of maintenance fees will be mainted to the current correspondence including the Patert, advance orders and notification of maintenance fees will be mainted to the current correspondence address and included unless correspondence address, and/or (b) unfirming a superial "EE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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the Secretary, Department of Health Please check the appropriate assignee category or categories (will not be	n and Human Services be printed on the patent):					
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Authorized Signaturo Hashun Konwillar Typed or printed name Katherine M. Kowalchyk	luf December 19, 2000					
This collection of information is required by 37 CFR. 1311. The inform an application. Confidentiality is golverned by 35 U.S.C. 122 and 37 C submitting the completed application form to the USPTO. Time will this form and/or suggestions for reducing this butter, should be sent to Box 1450. Alexandra. Virgina 22313-1450. DO NOT SEXD FEES (Alexandra, Virgina) 2231-1430.	nation is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process). FFE 1.1.4. This collection is estimated to take 12 manuses to complete, including gastering, preparing, and vary depending upon the individual case. Any comments on the amount of time you require to complete to the Child Individual of the Child Paris of the Ch					

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nonprovisional	NO	\$1400	S300	\$0	\$1700	12/19/2007
EXA	MINER	ART UNIT	CLASS-SUBCLASS	]		
DAVIS. M	INH TAM B	1642	435-006000			
I. Canage of correspondence address or indication of "Fee Address" (3° CFR, 1363).  Q Change of correspondence address (or Change of Correspondence Address form FTOSH 122) attached.  Tree Address' indication of "Fee Address' Indication form FTOSH-47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.		For printing on the patent front page, list     (1) the names of up to 3 registered patent automeys or agents OR, alternatively,			& Gould P.C.	
		(2) the name of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered patent automeys or agents. If no name is listed, no name will be printed.		p to	3	

FIRST NAMED INVENTOR

Snorri S. Thorgeirsson

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

02:05:2004

Attention: Katherine M. Kowalchyk MERCHANT & GOULD P.C. P.O. Box 2903 Minneapolis, MN 55402-0903

APPLICATION NO.

10 772,988

09:19:2007

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